



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 819

July 9, 2009

TO: Iowa Medicaid Habilitation, Remedial Services and HCBS Waiver Providers
(Excluding Individual CDAC)

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Provider Quality Management Self-Assessment

The DHS has implemented a quality management process for providers of each of the services identified below. As a provider enrolled for one or more of these services you are required to complete the *2009 Provider Quality Management Self-Assessment*. **Failure to complete the self-assessment may jeopardize your status as a Medicaid provider of these services.**

This system of provider oversight is required of all Medicaid providers of the following services:

- ☐ **AIDS/HIV waiver:** agency CDAC, respite, adult day care
- ☐ **Brain Injury waiver:** behavior programming, agency CDAC, respite, supported community living, supported employment, prevocational, IMMT, adult day care, family counseling and training
- ☐ **Children's Mental Health waiver:** family and community support services, in-home family therapy, respite
- ☐ **Elderly waiver:** agency CDAC (including Assisted Living providers), respite, adult day care, case management (if not Chapter 24 accredited)
- ☐ **Intellectual Disabilities waiver** (formally known as the MR waiver): agency CDAC, respite, supported community living, supported employment, prevocational, IMMT, adult day care, day habilitation, residential-based supported community living
- ☐ **Ill and Handicapped waiver:** respite, agency CDAC, IMMT, adult day care
- ☐ **Physical Disability waiver:** agency CDAC
- ☐ **Habilitation services:** day habilitation, home-based habilitation, prevocational habilitation, supported employment habilitation
- ☐ **Remedial services:** community psychiatric supportive treatment, crisis intervention, health or behavior intervention, rehabilitation program, skills training and development

INSTRUCTIONS FOR SELF-ASSESSMENT COMPLETION

The self-assessment can be found at: www.ime.state.ia.us/HCBS/ReviewTools.html. Each provider must download the assessment from this site and save it as a Word document. Each provider will complete only one self-assessment for the HCBS Waiver, Habilitation, and/or Remedial Services they provide, regardless of the number of office locations or services provided.

The completed self-assessment must be received by the IME by **10/1/09**. **All sections of the self-assessment must be completed in their entirety. Please read the self-assessment instructions carefully. Incomplete self-assessments (including Section E) will not be accepted.** The provider will have 15 days to resubmit the completed self-assessment to the IME.

❑ **Section A - Provider Information**

- Provider name (individual or organization) should be identified *exactly* as registered to the EIN number.
- Street Address is that of the parent agency office. The street address for an agency *may not be a post office box*, since records cannot be kept there. However, the mailing address may include a post office box.

❑ **Section B – Service Enrollment**

- Each of the programs and services the provider is enrolled in should be identified. If you are enrolled to provide a service that is not identified in this section, you must select a different version of the form to complete.

❑ **Section C - Affiliated Office Locations**

- Identify the address for each additional office associated with this agency. If there are more than 3 office locations, use page 3a to identify those additional locations.
- Providers should identify each NPI for services offered at each location.

❑ **Section D - Iowa Administrative Code Standards**

- Refer to form instructions.
- When applicable, describe the plan to meet the proposed standards. Document the plan and timeline for meeting the proposed standards.
- Corrective action. If, during the completion of the self-assessment, the provider discovers current rules/standards have not been met, the provider must identify a corrective action plan on the self-assessment. Implementation of the corrective action plan must occur within 30 days of the self-assessment completion date identified in Section I.

❑ **Section E - Guarantee of Accuracy**

- Provider name must match Section A and the EIN number enrollment name.
- Signatures are required as applicable to the organizational structure of the provider.

Additional Information

After completing all sections of the self-assessment, **Sections A, B, C and D** should be *emailed* to hcbsqi@dhs.state.ia.us. In the subject line, identify the provider name and county location of the main/central agency office.

Section E (only) should be mailed to:

Iowa Medicaid Enterprise
Attn: HCBS QI
100 Army Post Road
Des Moines, IA 50315

Or faxed to (515) 725-1360 Attn: HCBS QI

The Home and Community Based Services (HCBS) program will document receipt of the above materials and will **only** contact the agency if additional information is needed or a self-assessment has not been received. If an agency or HCBS Specialist identifies corrective action is needed, it is the agency's responsibility to develop the corrective action plan; however, technical assistance may be requested from the HCBS Specialist.

Questions about this letter and/or self-assessment form should be directed to the HCBS Specialist assigned to the county where the parent agency is located. To locate a list of the regional specialists by county, visit: www.ime.state.ia.us/docs/HCBS_Specialists.pdf.